DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODIC	*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< .5				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	270		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	0		*****	*****	0				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittled. Based on my inquiry of the person or persons who manage the he		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- Drill fluid inventory refer to Attachment.

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 10	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	****	0	****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED	violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

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LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 9

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI A		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI A	NODI A		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	worder is.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

Page 1

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FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	ADING QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI A	*****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water.

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FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	76	*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****	0		*****	*****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI A		****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic Waste is commingled with produced water

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 006A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUAN	ANTITY OR LOADING QUALITY OR CONC			CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	UANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI B	NODI B				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36000	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

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PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 011A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

10/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		012A-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	٦	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER	PARAMETER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

ATTN: Marina Robertson

PACIFIC OCEAN, CA 90802

OC |

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Г	CAF001147		015A-A
T	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	10/01/2014	٦	10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 9

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 018A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Laboratory Waste
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the law of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

	CAF001147		021A-A
L	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO)F	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2014	٦	10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	022A-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
10/01/2014	10/31/2014						

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802 MINOR (SUBR FW) **Drilling Fluids and Cuttings** External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .5				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	270		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	0		*****	*****	0				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

11/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing Iviolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anonis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	18150 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

MO AVG

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

Effluent Gross

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 002A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	c	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI A	*****		*****	****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		- CY OF ANA	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	1		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI A	NODI A		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

11/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the law of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	75	*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0		*****	****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	****	****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic Waste is commingled with produced water

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 006A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid External Outfall

No Discharge ☐

		QUANTITY OR LOADING		IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

11/01/2014

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147		007A-A
PERMIT NUMBER		DISCHARGE NUMBER
МО	NITOF	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
11/01/2014		11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 A-A800 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36000	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	arounous.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	notation.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

CAF001147

PERMIT NUMBER

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

011A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the law to the property of the property of the person or persons who manage the property of the property of the property of the person of		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 012A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

11/30/2014

MINOR (SUBR FW)

Boiler Blowdown External Outfall

DMR Mailing ZIP CODE:

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

11/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge ☐

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	· Outrolio	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	учения.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	· l	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Uncontaminated Water

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014

11/30/2014

DMR Mailing ZIP CODE:

(SUBR FW)

Water Flooding Discharges

External Outfall

MINOR

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			1	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

11/01/2014

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	· Outrolio	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 020A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

11/01/2014

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

MINOR (SUBR FW)

Hydrotest Water
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		****	****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or

3. Drill fluid inventory refer to Attachment.

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI A	****		*****	****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	учения.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Elly-only platform capable of discharging PW
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI A	NODI A				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI A		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI A	NODI A		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	****	****	*****	*****		Once per Occurance	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	75	*****		****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****	0		*****	*****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****	NODI A		****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic Waste is commingled with produced water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 006A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

12/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

009A-A

DISCHARGE NUMBER

MM/DD/YYYY

12/31/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36000	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 011A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Bilge Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

12/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant, penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	учения.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER	PARAMETER		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001147		013A-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO)F	RING PERIOD
MM/DD/YYYY		MM/DD/YYYY
12/01/2014	7	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Test Fluids External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	014A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING		TY OR LOADING QUALITY OR CONCENTRATION		QUALITY OR CONCENTRATION				SAMPLE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT	VALUE SAMPLE ****** MEASUREMENT PERMIT ****** REQUIREMENT SAMPLE MEASUREMENT PERMIT ******	VALUE VALUE SAMPLE ****** ****** PERMIT ****** ****** SAMPLE ****** PERMIT ****** PERMIT ****** PERMIT ******	VALUE VALUE UNITS SAMPLE MEASUREMENT ******* ****** ******* PERMIT REQUIREMENT ******* *****************************	VALUE VALUE UNITS VALUE SAMPLE MEASUREMENT ******* ****** **********************	VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT ******* ******* ******* ******* ******* PERMIT REQUIREMENT ******* ******* ******* ******* ******* SAMPLE MEASUREMENT ******* ******* ******* ******* ******* PERMIT ******* ******* ******* ******* *******	VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT ******* ******* ******* ******* NODI C PERMIT REQUIREMENT ******* ******* ******* ******* Req. Mon. MO TOTAL SAMPLE MEASUREMENT ******* ******* ******* ******* NODI C PERMIT ******* ******* ******* ******* Req. Mon.	VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE MEASUREMENT ******* ******** ******** ******** NODI C PERMIT REQUIREMENT ******* ******** ******** ******** Req. Mon. MO TOTAL SAMPLE MEASUREMENT ******* ******** ******** ******** NODI C PERMIT ******* ******* ******* Req. Mon. d	VALUE VALUE UNITS VALUE VALUE VALUE UNITS EX SAMPLE MEASUREMENT ******** ******** ******** ******** NODI C ******* ******* Req. Mon. MO TOTAL d MO TOTAL ******* NODI C ******* PERMIT ******** ******** ******** ******** ******** Req. Mon. d d ******* ******* ******* Req. Mon. d d ******* ******* ******* ******* ******* ******* ******* ******* ******* Req. Mon. d d *******	VALUE VALUE UNITS VALUE VALUE VALUE VALUE UNITS EX OF ANALYSIS SAMPLE MEASUREMENT ************************************

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 018A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Laboratory Waste
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

12/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	· Outrolio	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	020A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

12/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

····**y** ----

90802

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing Iviolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	****	****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB

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system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

ATTN: Marina Robertson

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Daily	ESTIMA

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- 1. Elly-only platform capable of discharging PW
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI A	NODI A				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI A		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI A		*****	****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI A	NODI A		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

01/01/2015

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI A	NODI A				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	80	*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****	0		*****	****	****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	****	****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	wouldn't.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic Waste is commingled with produced water

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 007A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	· l	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	· l	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	1G	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0011	.0011				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36000	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	010A-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
01/01/2015	01/31/2015							

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 012A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

	CAF001147		013A-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2015	1	01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that the evaluate the information submitted.		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	· l	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

01/01/2015

017A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

01/31/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the design of the property of the person or persons who manage the property of the person or persons who manage the property of the property of the property of the person of the pers		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	oducio.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

01/31/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

01/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		020A-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2015	7	01/31/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

Suite 1240 D2 18 07 41.6W D0802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODIC	*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting failse information, including the possibility of fine and imprisonment for knowing

Drill fluid inventory refer to Attachment.

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) **Drilling Fluids and Cuttings**

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	18150 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	****	****	3 MINIMUM	*****	*****	%		Contingent	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Daily	ESTIMA

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		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
Γ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI A		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI A	NODI A		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

<u>|</u>

CAF001147
PERMIT NUMBER

004A-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/

02/01/2015 02/28/2015

MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Deck Drainage
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water.

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	005A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015	

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI A	NODI A				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	79	*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0		*****	****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	modulons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic Waste is commingled with produced water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 006A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

02/28/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

02/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 007A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	QUALITY OR CONCENTRATION				OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 A-A800 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	DADING QUALITY OR C			CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 009A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36000	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 010A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 011A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

02/28/2015

DMR Mailing ZIP CODE:

.....

90802

MINOR (SUBR FW)

Bilge Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

02/01/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 012A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

02/28/2015

DMR Mailing ZIP CODE:

ZIP CODE: 90802

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

02/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 013A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

02/28/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

02/01/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

	CAF001147		015A-A						
Γ	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	02/01/2015	٦	02/28/2015						

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE		DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	A CONTROL OF THE CONT	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Uncontaminated Water External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				D. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

02/28/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CONCENTRATION				. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

02/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

02/01/2015 02/28/2015 DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Excess Cement Slurry External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	****	****	*****		Annual	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

Γ	CAF001147		020A-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	02/01/2015	7	02/28/2015						

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

MINOR (SUBR FW) Hydrotest Water External Outfall

DMR Mailing ZIP CODE:

No Discharge

		QUAN	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 022A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	GRAB

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TYPED OR PRINTED	**********	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2015	03/31/2015									

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	Ī	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****	NODI C	****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	****	NODI C	*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	003A-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2015	03/31/2015								

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI A	NODI A				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI A		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI A		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODI A	NODI A		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	women's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN
LOCATION: LAT 33 34 56.52N LO 118 07 41.6W
PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)
Deck Drainage
External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Deck Drainage is commingled with Produced Water.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI A	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI A	NODI A				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	73	*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****	0		*****	*****	*****	*****			
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****	NODI A		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic Waste is commingled with produced water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	006A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

03/31/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

03/01/2015

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 A-A800 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	009A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015	

DMR Mailing ZIP CODE:

nR -

90802

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI 9	NODI 9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36000	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 9

90802

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Boiler Blowdown
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 013A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the law of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 015A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	· l	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, modulo 13.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 9

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

03/31/2015

DMR Mailing ZIP CODE: 90802 MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI A				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

03/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

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TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

03/31/2015

DMR Mailing ZIP CODE: 90802 MINOR

Muds, Cuttings and Cement at Sea Floor

External Outfall

(SUBR FW)

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

03/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that the evaluate the information submitted.		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	violations.		AREA Code	NUMBER

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG2800

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY